To:	Office of Planning and Research 1400 Tenth Street, Room 121 Sacramento, CA 95814 County Clerk County of	From: (Public Agency)	
		Project Ti	tle:
Project Lo	ocation - Specific:		
Project Lo	ocation - City:	Project Location - County:	
Description	on of Nature, Purpose, and Beneficiarie	es of Project:	
Name of F	Public Agency Approving Project:		
Name of Person or Agency Carrying Out Project:			
☐ Mir ☐ Dec ☐ Em	tatus: (check one) histerial (Sec. 21080(b)(1); 15268); elared Emergency (Sec. 21080(b)(3); 15269(a) hergency Project (Sec. 21080(b)(4); 15269(b)(6) hegorical Exemption. State type and section nu- hutory Exemptions. State code number:	e));	
Reasons	why project is exempt:		
Lead Age Contact F	•	Area Code/Telephone/Extension:	
	ch certified document of exemption finding.	ic agency approving the project? Yes No	
Signature:		Date: Title:	
	Signed by Lead Agency Date 1 Signed by Applicant	received for filing at OPR:	